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To:	Negussie Worku	From:	James J. Lynch	· · · · · · · · · · · · · · · · · · ·			
Fax:	571.273.8300	Pages	15				
Phone:		Date:	February 10, 2006				
Our Ref: 112.P14034		CC:					
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		ling in connection with					

- Amendment (12 pages)
- Fee Transmittal (in duplicate)

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February 10, 2006

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Lesa Villalovos

Name of Person Transmitting Correspondence

Signature

From: Lesa Villalovos

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Approved for Set to DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818).					nplete if K	te if Known					
				Application Nu	Application Number 09/922,099						
FEE TRANSMITTAL For FY 2005				Filing Date 8/3/2		3/2001	001				
				First Named in	med inventor   Chin-Wen Huang						
Applicant claims small entity status. See 37 CFR 1.27				Examiner Nan	ne Ne	Negussie Worku					
<del></del>	Art Unit		2626								
TOTAL AMOUN	OF PAYMENT (	600.	.00	Attorney Dock	et No. 11:	2.P14034					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
✓ Deposit Ac	count Deposit Accou	nt Number: <u>50-</u> 3	703	Deposit /	Account Name:	Berkeley	Law Grou	ıp			
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<b>√</b> Cha	Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULA	TION										
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES											
Application T	vpe Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entit Fee (\$)	У <u>Fe</u>	es Paid (\$)			
Utility	300	150	500	250	. 200	100	•				
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300		<u>.                                    </u>			
Provisional	200	100	0	0	0	0		<del></del>			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Bach independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee Pald (\$)  Multiple Dependent Claims  Total Claims  Extra Claims Fee (\$) Fee Pald (\$)  HP = highest number of total claims pald for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  A - 3 or HP = 1 x 200.00 = 200.00  HP = highest number of independent claims pald for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x  Fee Paid (\$)  Fee Paid (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)											
SUBMITTED BY	1 11 1			Registration No.		T=-					
Signature Registration No. (Attorney/Agent) 47					47,812		Telephone 503.439.6500				
Vame (Print/Type)	Steven I Munson	•				Date	February 10	), 2006			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## RECEIVED CENTRAL FAX CENTER

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 1 0 2006

Application No.

09/922,099

Confirmation No. 8700

Inventor

Huang, Chih-Wen

Filed

August 3, 2001

TC/AU

2626

Examiner

Worku, Negussie

Docket No.

112.P14034

Customer No.

43831

Title

COMPENSATION APPARATUS FOR IMAGE SCAN

### **AMENDMENT**

Mail Stop Amendment COMMISSIONER FOR PATENTS PO Box 1450 Alexandria, VA 22313-1450

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Lesa Villalovos

-10-Do

Dated:

Dear Sir:

In response to the Non-Final Office Action, dated November 16, 2005, please consider the following amendment and remarks:

Amendments to the claims begin on page 2.

Remarks begin on page 9.

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